				Complete if Known		
Substitute for form 1449/PTO				Application Number	10/609,233	
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				First Named Inventor	Imtiaz Chaudry	
INFORMATION DISCLOSURE				Group Art Unit	1616	
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(Use as many sheets as necessary)			v)	Examiner Name	Mina Haghighatian	
				Attorney Docket		
Sheet	1	of	1	Number	048765/277090	

	U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	<u>Document Number</u> Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear	
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	12	WO 1995/031964 A1	03/13/1997	Glyxo Australia Pty		Yes
	13	WO 02/15891 A2	02/28/2002	Boehringer Ingelheim GmbH		Yes
	14	WO 03/035062	01/05/2003	Sanofi Synthelabo		Yes
	15	WO 03/094915	08/11/2003	Malinin et al.		Yes

Examiner Cite Initials No.		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		
	16	McLAUGHLIN VV J Cardiovasc Pharmacol. 2003 Feb; 41(2):293-9, Efficacy and safety of treprostinil: an epoprostenol analog for primary pulmonary hypertension, PMID: 12548091	Yes	
4 113	17	YANG ET AL., Inhaled Nanoparticles - A Current Reveiw, International Journal Of Pharmaceutics, 08/21/2008, 239-247, 356	Yes	

Examiner	Date	
Signature	Considered	

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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